

Self Service “My Biz” Module I, Chapter 3 Updating My Information

Introduction

The Self Service Employee “My Biz” module provides employees the ability to log into DCPDS and update limited employee data. The following pages provide a brief overview of the new functionality.


Contents

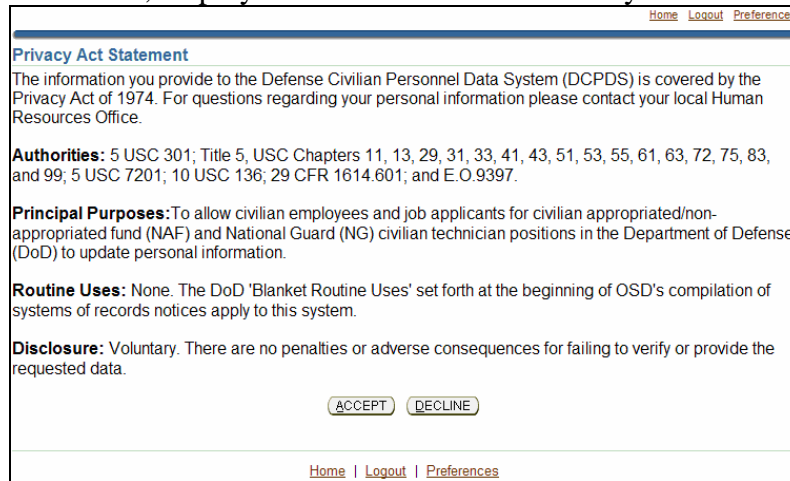
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Update My Information

The  [Update My Information](#) function allows employees to update limited employee information.

Privacy Act Statement

Before updates can be made, employees must  the 'Privacy Act Statement'.



Home | Logout | Preferences

Privacy Act Statement



The information you provide to the Defense Civilian Personnel Data System (DCPDS) is covered by the Privacy Act of 1974. For questions regarding your personal information please contact your local Human Resources Office.

Authorities: 5 USC 301; Title 5, USC Chapters 11, 13, 29, 31, 33, 41, 43, 51, 53, 55, 61, 63, 72, 75, 83, and 99; 5 USC 7201; 10 USC 136; 29 CFR 1614.601; and E.O.9397.

Principal Purposes: To allow civilian employees and job applicants for civilian appropriated/non-appropriated fund (NAF) and National Guard (NG) civilian technician positions in the Department of Defense (DoD) to update personal information.

Routine Uses: None. The DoD 'Blanket Routine Uses' set forth at the beginning of OSD's compilation of systems of records notices apply to this system.

Disclosure: Voluntary. There are no penalties or adverse consequences for failing to verify or provide the requested data.

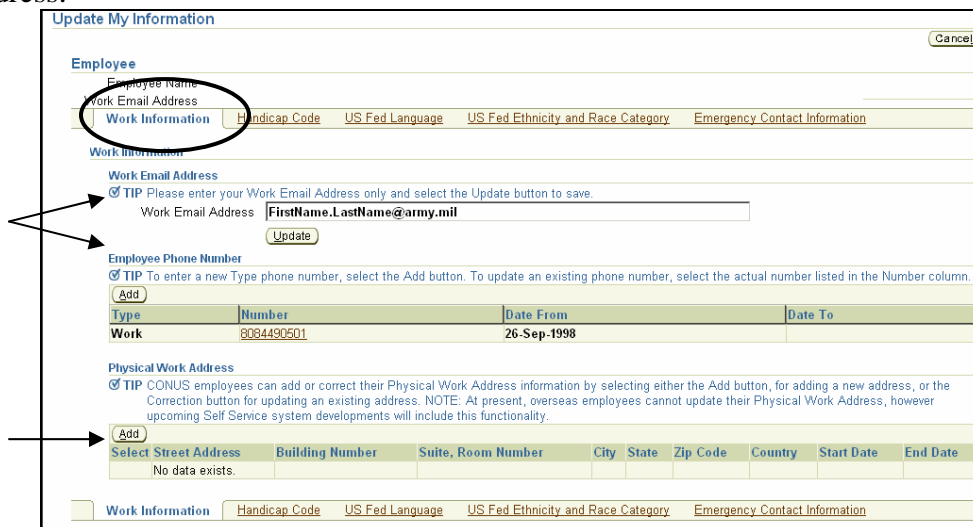
Home | Logout | Preferences


Figure 1

Tabs - The following is a list of the Tabs and information available under each.

General Information in the Employee region includes the employee's name and employee number. The employee number is a unique sequence number that is assigned by the system for each person in DCPDS. It is used to uniquely identify employees that may have more than one record/job in DCPDS.

Work Information tab contains employee's work email address, phone numbers and physical work address.



Update My Information 

Employee


Employee Name _____


Work Email Address _____

Work Information | [Handicap Code](#) | [US Fed Language](#) | [US Fed Ethnicity and Race Category](#) | [Emergency Contact Information](#)


Work Information


Work Email Address

 TIP Please enter your Work Email Address only and select the Update button to save.

Work Email Address 


Employee Phone Number


 TIP To enter a new Type phone number, select the Add button. To update an existing phone number, select the actual number listed in the Number column.



Type	Number	Date From	Date To
Work	8084490501	26-Sep-1998	

Physical Work Address

 TIP CONUS employees can add or correct their Physical Work Address information by selecting either the Add button, for adding a new address, or the Correction button for updating an existing address. NOTE: At present, overseas employees cannot update their Physical Work Address, however upcoming Self Service system developments will include this functionality.




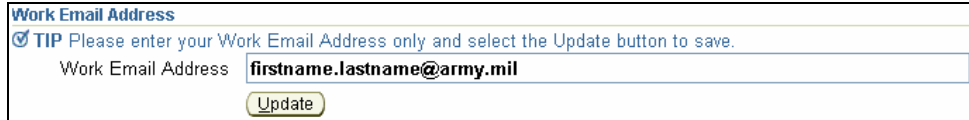
Select Street Address	Building Number	Suite, Room Number	City	State	Zip Code	Country	Start Date	End Date
No data exists.								

[Work Information](#) | [Handicap Code](#) | [US Fed Language](#) | [US Fed Ethnicity and Race Category](#) | [Emergency Contact Information](#)

Figure 2

Work Email Address

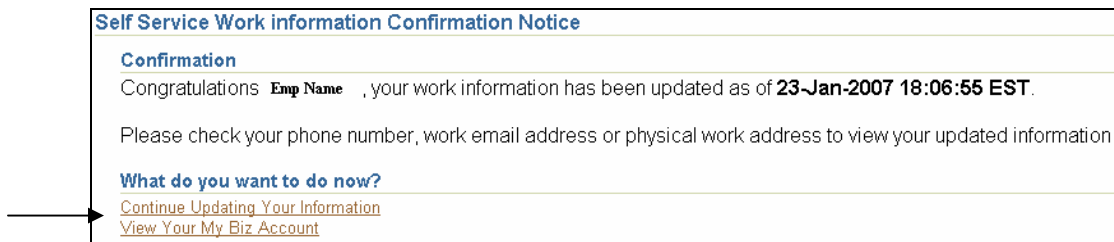
To Add/Update work email address, type the new email address and then click the  button. Email address is currently being used for the NSPS Performance Appraisal notification. In the future, email address will be used to communicate personnel information directly to all employees.



Work Email Address
 ✓ **TIP** Please enter your Work Email Address only and select the Update button to save.
 Work Email Address

Figure 3

You will receive a confirmation page once the update has occurred. Click [Continue Updating Your Information](#) link to continue updating your work information. To return to the My Biz menu click on [View Your My Biz Account](#) link.

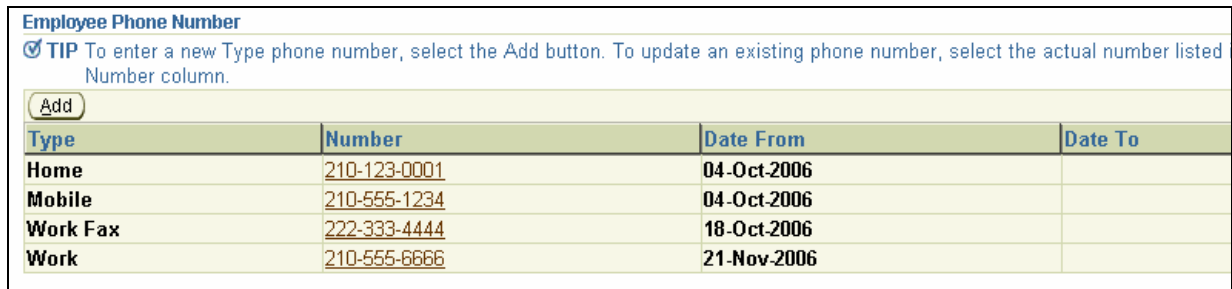


Self Service Work information Confirmation Notice
Confirmation
 Congratulations **Emp Name**, your work information has been updated as of **23-Jan-2007 18:06:55 EST**.
 Please check your phone number, work email address or physical work address to view your updated information
What do you want to do now?
[Continue Updating Your Information](#)
[View Your My Biz Account](#)

Figure 4

Phone Numbers

To add a new phone number, click the  button.



Employee Phone Number
 ✓ **TIP** To enter a new Type phone number, select the Add button. To update an existing phone number, select the actual number listed Number column.

Type	Number	Date From	Date To
Home	210-123-0001	04-Oct-2006	
Mobile	210-555-1234	04-Oct-2006	
Work Fax	222-333-4444	18-Oct-2006	
Work	210-555-6666	21-Nov-2006	

Figure 5

Select a phone type from the drop down list. Phone Type, Phone Number and Date From are required fields which are noted with an *. Once you have selected a phone type enter your phone number to include area code and dashes. Extensions may also be included. Example: 210-123-45678 Ext 123.

Employee Phone Number
 * Indicates required field

Employee
 Employee Number _____ Employee Name _____
 Work Email Address **firstname.lastname@army.mil**

Phone Information
 * Phone Type **Pager**
 * Phone Number _____
 * Date From _____ Date To _____

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Figure 6

Click on the calendar to select the “Date From” from the calendar. The date will auto populate into the field. DCPDS is a date tracked system and requires a start date for all data fields.

Employee Phone Number
 * Indicates required field

Employee
 Employee Number _____ Employee Name _____
 Work Email Address **firstname.lastname@army.mil**

Phone Information
 * Phone Type **Pager**
 * Phone Number **888-1234**
 * Date From _____ Date To _____

Copyright (c) 2005, Oracle. All rights reserved. [Submit](#) [Cancel](#) [Oracle Privacy Statement](#)

Figure 7

Employees will only enter a date in the ‘Date To’ data field when the current phone number is no longer valid. By entering a date in this field, the phone number will be end-dated allowing employees to add a new phone number.

Employee Phone Number
 * Indicates required field

Employee
 Employee Number _____ Employee Name _____
 Work Email Address **firstname.lastname@army.mil**

Phone Information
 * Phone Type **Pager**
 * Phone Number **888-1234**
 * Date From **01-Feb-2007** Date To _____

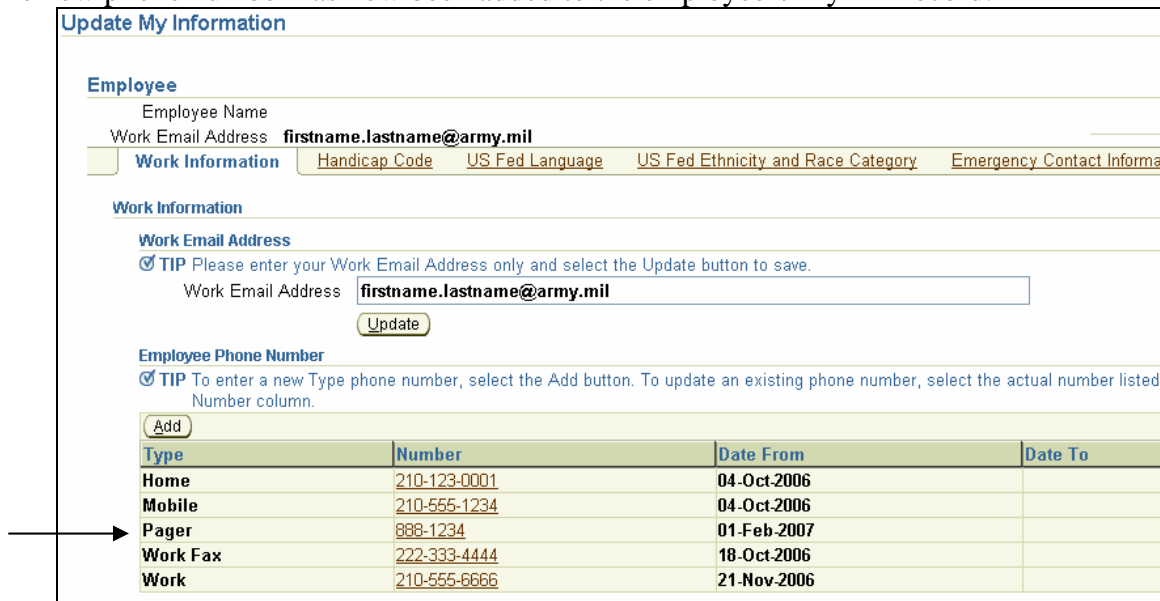
[Submit](#) [Cancel](#)

Figure 8

To save the new phone number, click the  button.

Add a Phone Number

The new phone number has now been added to the employee's My Biz record.



[Update My Information](#)

Employee

Employee Name _____

Work Email Address **firstname.lastname@army.mil**

[Work Information](#) [Handicap Code](#) [US Fed Language](#) [US Fed Ethnicity and Race Category](#) [Emergency Contact Information](#)

Work Information

Work Email Address

☒ **TIP** Please enter your Work Email Address only and select the Update button to save.

Work Email Address


Employee Phone Number

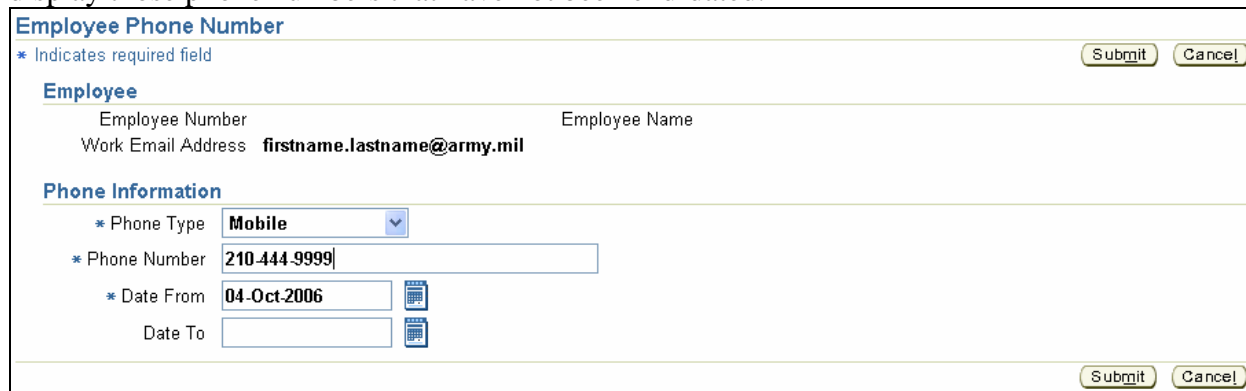
☒ **TIP** To enter a new Type phone number, select the Add button. To update an existing phone number, select the actual number listed in the Number column.

Type	Number	Date From	Date To
Home	210-123-0001	04-Oct-2006	
Mobile	210-555-1234	04-Oct-2006	
Pager	888-1234	01-Feb-2007	
Work Fax	222-333-4444	18-Oct-2006	
Work	210-555-6666	21-Nov-2006	

Figure 9

Edit a Phone Number

To edit an existing phone number click on the phone number link [210-555-1234](#). Change the phone number and click the  button. A future Self Service modification will only display those phone numbers that have not been end-dated.



Employee Phone Number

* Indicates required field

Employee


Employee Number _____ Employee Name _____

Work Email Address **firstname.lastname@army.mil**

Phone Information

* Phone Type **Mobile**

* Phone Number

* Date From 



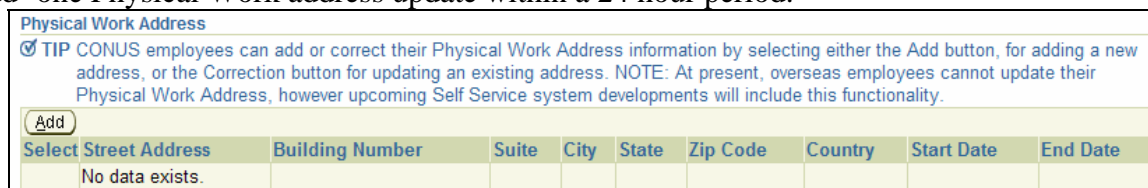
Date To 

Figure 10

Physical Work Address

To add Physical Work Address, click the  button. Self Service only allows employees to 'add' one Physical Work address update within a 24 hour period.



Physical Work Address

☒ **TIP** CONUS employees can add or correct their Physical Work Address information by selecting either the Add button, for adding a new address, or the Correction button for updating an existing address. NOTE: At present, overseas employees cannot update their Physical Work Address, however upcoming Self Service system developments will include this functionality.

Select	Street Address	Building Number	Suite	City	State	Zip Code	Country	Start Date	End Date
	No data exists.								

Figure 11

When adding a Physical Work Address, Street Address, City, State, Zip Code are required fields and are noted with an *.

Employee

Name
Employee Number
Work Email Address: **firstname.lastname@army.mil**

Physical Work Address

* Indicates required field.

* Street Address: **123 Ave G**
(example: 550 E Street West)

Building Number: **Bldg 499**
(example: 663)

Suite, Room Number: **Suite E, Room 102**
(example: 3, 206)

* City: **San Antonio**

* State: **TX**

* Zip Code: **78150-0000**
(example: 78150-4547)

Country: **United States**

Date From: **23-Jan-2007**
(example: 21-Sep-2005)

Date To:

Submit

Figure 12

Select the **Submit** button to save data.

Once you have save your physical work address a confirmation page will appear allowing the employee to print their change.

Self Service Work information Confirmation Notice

Confirmation

Congratulations **Emp Name**, your work information has been updated as of **23-Jan-2007 18:06:55 EST**.

Please check your phone number, work email address or physical work address to view your updated information

What do you want to do now?


[Continue Updating Your Information](#)

[View Your My Biz Account](#)

Figure 13

To return to the language tab, click on the [Continue Updating Your Information](#) link. To return to the My Biz menu click on the [View Your My Biz Account](#) link.

Edit Physical Work Address

To edit or correct physical work address click the radio button  next to the physical work address, then click on the **Correction** button.

Physical Work Address

☒ TIP CONUS employees can add or correct their Physical Work Address information by selecting either the Add button, for adding a new address, or the Correction button for updating an existing address. NOTE: At present, overseas employees cannot update their Physical Work Address, however upcoming Self Service system developments will include this functionality.

Select Address **Correction** | **Add**

Select	Street Address	Building Number	Suite	City	State	Zip Code	Country	Start Date	End Date
<input checked="" type="radio"/>	123 Ave G	499	Suite E, Room 102	San Antonio	TX	78150-0000	US	21-Nov-2006	

Figure 14

Make the necessary changes to your physical work address, and then click the **Submit** button.

Employee

Name
Employee Number
Work Email Address **firstname.lastname@army.mil**

Physical Work Address

* Indicates required field.

* Street Address **910 Ave E**
(example: 550 E Street West)

Building Number **Bldg 663**
(example: 663)

Suite, Room Number **1st Floor, Room 105**
(example: 3, 206)

* City **San Antonio**

* State **TX**

* Zip Code **78150-0000**
(example: 78150-4547)

Country **United States**

Date From **23-Jan-2007**
(example: 21-Sep-2005)

Date To

Submit

Figure 15

Your changes have now been updated to your My Biz record.

Physical Work Address

☒ **TIP** CONUS employees can add or correct their Physical Work Address information by selecting either the Add button, for adding a new address, or the Correction button for updating an existing address. NOTE: At present, overseas employees cannot update their Physical Work Address, however upcoming Self Service system developments will include this functionality.

Select Address **Correction** | **Add**

Select	Street Address	Building Number	Suite, Room Number	City	State	Zip Code	Country	Start Date	End Date
<input type="radio"/>	910 Ave E	Bldg 663	1st Floor, Room 105	San Antonio	TX	78150-0000	United States	23-Jan-2007	

Figure 16

Handicap Code Tab contains employee's current handicap code.

Work Information | **Handicap Code** | **US Fed Language** | **US Fed Ethnicity and Race Category**

Handicap Code **Diabetes**

Update

Figure 17

To update handicap code select from the drop down list using the down arrow. Once you have selected the appropriate code, click the **Update** button.

US Fed Language Tab contains employee's languages.

Work Information | **Handicap Code** | **US Fed Language** | **US Fed Ethnicity and Race Category**

☒ **TIP** You will only be able to update a language code if the evaluation method is Self Appraisal/Certification. To UPDATE the information contained in a language area, you must select it first. Select the DELETE button to permanently remove a language from your record. Select the ADD button to self certify additional languages.

Select Language **Update** | **Delete** | **Add**

Select Language	Proficiency Level	Reading Proficiency	Speaking Proficiency	Listening Proficiency	Writing Proficiency	Source	Work Experience	Evaluation Method	Start Date	End Date
<input type="radio"/> German-DEU	Extremely Limited Knowledge	Elementary or Limited Knowledge	Elementary or Limited Knowledge	Proficient	No Proficiency	Self Study - Post-Secondary Education - F5	Teacher	Self Appraisal/Certification	18-Oct-2006	

Work Information | **Handicap Code** | **US Fed Language** | **US Fed Ethnicity and Race Category**

Cancel

Figure 18

Employees can update proficiencies in an existing language, delete a language or add a new language to their My Biz record.

Select Language <input type="button" value="Update"/> <input type="button" value="Delete"/> <input type="button" value="Add"/>											
Select	Language	Proficiency Level	Reading Proficiency	Speaking Proficiency	Listening Proficiency	Writing Proficiency	Source	Work Experience	Evaluation Method	Start Date	End Date
<input checked="" type="radio"/>	German - DEU	Extremely Limited Knowledge	Elementary or Limited Knowledge	Elementary or Limited Knowledge	Proficient	No Proficiency	Self Study - Post-Secondary Education - F5	Teacher	Self Appraisal/Certification	18-Oct-2006	

Figure 19

To update an existing language you must click the radio button next to the language, then click the button.

US Fed Language

* Indicates required field

Employee

Employee Number _____ Employee Name _____

Work Email Address **firstname.lastname@army.mil**

Language Information

Language Identifier **German - DEU**

* Language Proficiency Level **Extremely Limited Knowledge**

Language Reading Proficiency **No Proficiency**

Language Speaking Proficiency **Elementary or Limited Knowledge**

Language Listening Proficiency **Proficient**

Language Writing Proficiency **No Proficiency**

Language Proficiency Source **Self Study - Post-Secondary Education - F5**

Language Work Experience **Teacher**

Language Evaluation Method **Self Appraisal/Certification**

Start date **01-Feb-2007 15:09:53 EST**


End Date 
(example: 21-Sep-2005)

Figure 20

Once all changes have been made, click the button to save your changes.

To delete an existing language you must click the radio button next to the language, then click the button.

Select Language <input type="button" value="Update"/> <input type="button" value="Delete"/> <input type="button" value="Add"/>											
Select	Language	Proficiency Level	Reading Proficiency	Speaking Proficiency	Listening Proficiency	Writing Proficiency	Source	Work Experience	Evaluation Method	Start Date	End Date
<input type="radio"/>	German - DEU	Extremely Limited Knowledge	No Proficiency	Elementary or Limited Knowledge	Proficient	No Proficiency	Self Study - Post-Secondary Education - F5	Teacher	Self Appraisal/Certification	30-Jan-2007	

Figure 21

Once you click on the delete button a notification will appear, click on “Yes” to delete, “No” to return to the language screen.

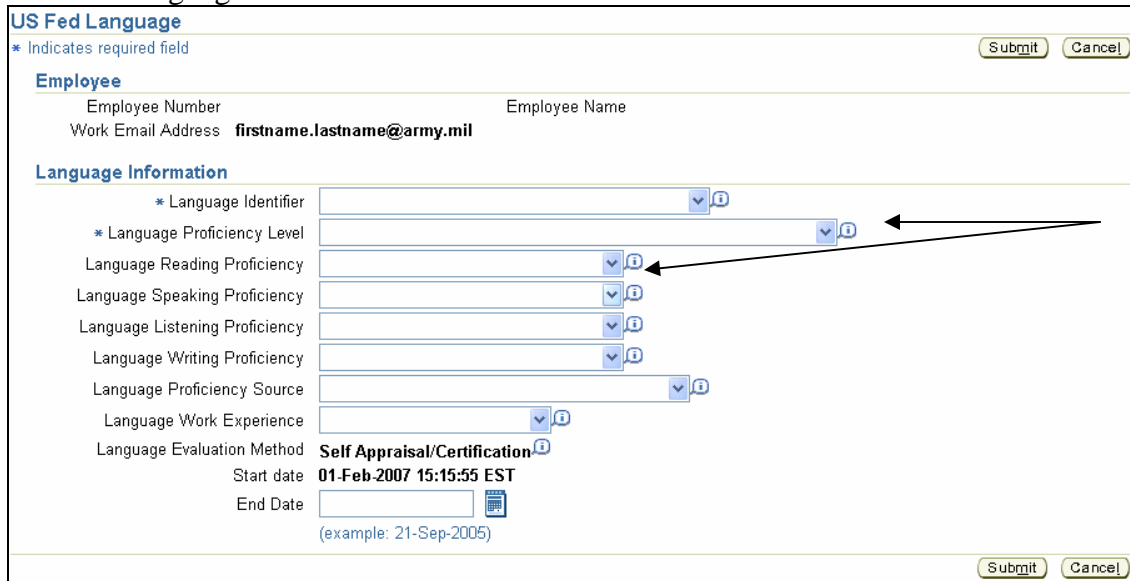
ORACLE [Home](#) [Logout](#) [Preferences](#)

Warning

Language Information will be permanently deleted from your record. Do you want to Continue?

Figure 22

To add a new language to must click the **Add** button.



US Fed Language
* Indicates required field

Employee

Employee Number _____ Employee Name _____
Work Email Address **firstname.lastname@army.mil**

Language Information

* Language Identifier ⓘ

* Language Proficiency Level ⓘ

Language Reading Proficiency ⓘ

Language Speaking Proficiency ⓘ

Language Listening Proficiency ⓘ

Language Writing Proficiency ⓘ

Language Proficiency Source ⓘ

Language Work Experience ⓘ

Language Evaluation Method **Self Appraisal/Certification** ⓘ

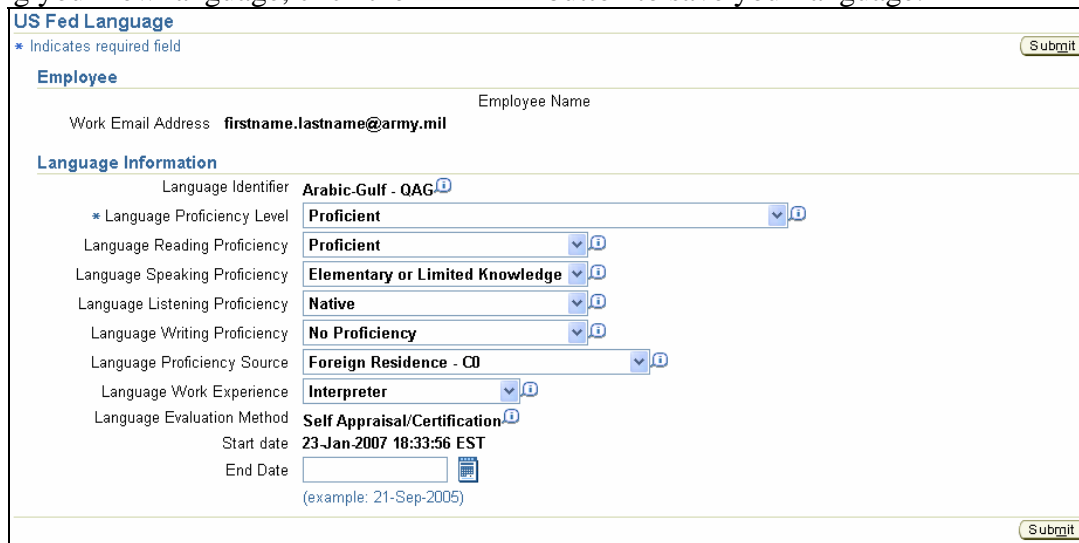
Start date **01-Feb-2007 15:15:55 EST**

End Date ⓘ
(example: 21-Sep-2005)

Submit **Cancel**

Figure 23

Use the drop down menus to select the appropriate data for each item. Once you have completed entering your new language, click the **Submit** button to save your language.



US Fed Language
* Indicates required field

Employee

Employee Number _____ Employee Name _____
Work Email Address **firstname.lastname@army.mil**

Language Information

Language Identifier **Arabic-Gulf - QAG** ⓘ

* Language Proficiency Level **Proficient** ⓘ

Language Reading Proficiency **Proficient** ⓘ

Language Speaking Proficiency **Elementary or Limited Knowledge** ⓘ

Language Listening Proficiency **Native** ⓘ

Language Writing Proficiency **No Proficiency** ⓘ

Language Proficiency Source **Foreign Residence - C0** ⓘ

Language Work Experience **Interpreter** ⓘ

Language Evaluation Method **Self Appraisal/Certification** ⓘ

Start date **23-Jan-2007 18:33:56 EST**

End Date ⓘ
(example: 21-Sep-2005)

Submit

Figure 24

Once you have save your language data a confirmation page will appear allowing the employee to print their change.

Self Service Language Capability Confirmation Notice

Confirmation
 Congratulations **Emp Name** , your language capability has been updated as of **23-Jan-2007 18:33:56 EST**.

1. Language	Arabic-Gulf - QAG
2. Language Proficiency Level	Proficient
3. Language Reading Proficiency	Proficient
4. Language Speaking Proficiency	Elementary or Limited Knowledge
5. Language Listening Proficiency	Native
6. Language Writing Proficiency	No Proficiency
7. Foreign Language Proficiency Source	Foreign Residence - CO
8. Language Work Experience (Duty Type)	Interpreter
9. Language Evaluation Method	Self Appraisal/Certification
10. Language End Date	

To print this page for your records, click on the print button below:

[Print Confirmation](#)

Figure 25

To return to the language tab, click on the [Continue Updating Your Information](#) link. To return to the My Biz menu click on the [View Your My Biz Account](#) link.

US Fed Ethnicity and Race Category Tab contains employee's ethnicity and race.

Update My Information

Employee
 Employee Name
 Work Email Address **firstname.lastname@army.mil**

[Work Information](#) [Handicap Code](#) [US Fed Language](#) **[US Fed Ethnicity and Race Category](#)**

Instructions: Please select the category or categories with which you most closely identify. To select a category, click in the block next to the appropriate category (ies) and select "Yes" from the list of values (LOV). When all selections have been made, click the "Submit" button to save changes. To print your SF181, submit your changes first then click on the "Print SF181" button.

Hispanic	Yes ▼
American Indian or Alaskan Native	No ▼
Asian	No ▼
Black or African American	No ▼
Native Hawaiian or Other Pacific Islander	No ▼
White	Yes ▼

[Submit](#) [Print SF181](#)

Figure 26

To update ethnicity and race use the drop down menu, select either "Yes" or "No". Once you are ready to update, click the [Submit](#) button. To print the SF181 form, select the [Print SF181](#) button.

The SF181 can either be saved to your PC or can be opened and printed. To open the SF181 click the [Open](#) button.

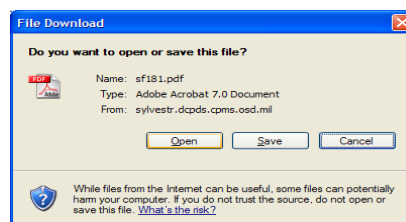
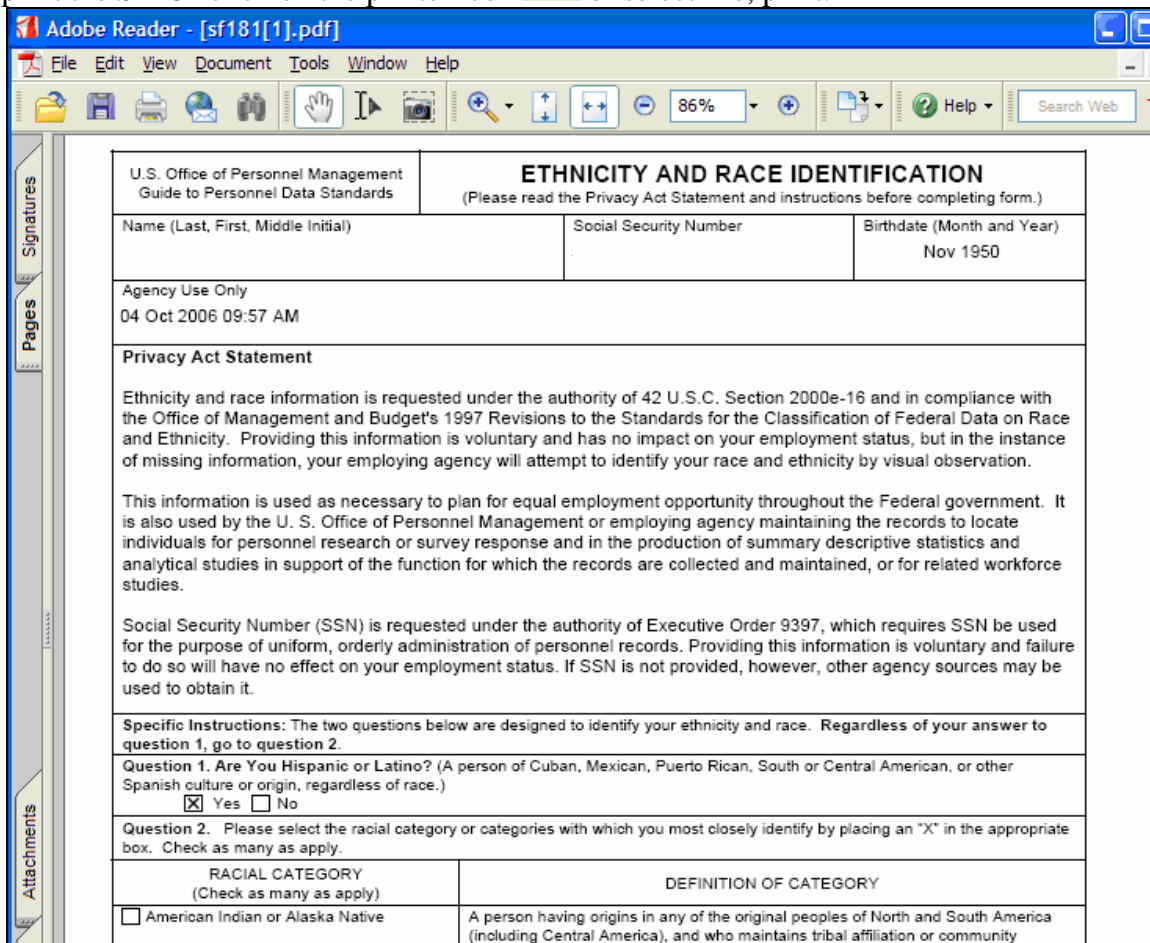


Figure 27

SF181

To print the SF181 click on the printer icon  or select file, print.



Adobe Reader - [sf181[1].pdf]

File Edit View Document Tools Window Help

86%

Search Web

U.S. Office of Personnel Management
Guide to Personnel Data Standards

ETHNICITY AND RACE IDENTIFICATION
(Please read the Privacy Act Statement and instructions before completing form.)

Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year) Nov 1950
------------------------------------	------------------------	--

Agency Use Only
04 Oct 2006 09:57 AM

Privacy Act Statement

Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.

This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.

Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.

Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.

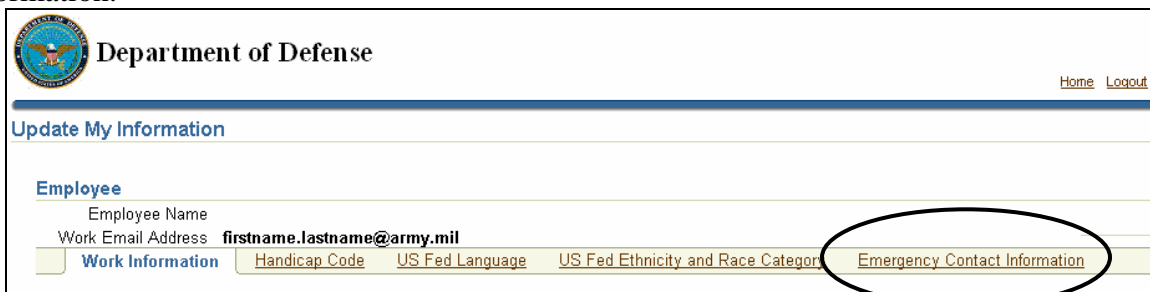
Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)
☒ Yes ☐ No

Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community

Figure 28

Emergency Contact Information Tab contains employee's emergency contact information. Click the link [Emergency Contact Information](#) to add, change or remove your emergency contact information.



Department of Defense

Home Logout

Update My Information

Employee

Employee Name

Work Email Address [firstname.lastname@army.mil](#)

Work Information [Handicap Code](#) [US Fed Language](#) [US Fed Ethnicity and Race Category](#) [Emergency Contact Information](#)

Figure 29

Adding Emergency Contact Information

To add emergency contact information, click the **Add** button.

Department of Defense

Home Logout

Update My Information

Employee Name

Emergency Contact

Use the Add button to add information about the person you want contacted in the event of an emergency. You may designate more than one person as an Emergency Contact, but only one Primary Contact. To Update or Remove records, select the radio button next to the record you wish to change, then select the Remove Update button.

Note: The information you provide here will be used in the event of Natural Disasters or National Emergencies.

Emergency Contact

Add

Select	Name	Relationship	Date of Birth	Primary Contact	Home Number	Work Number
<input type="radio"/>	No data exists.					

TIP To View or Print the DD93, select the button below.

DD93 Form

[Continue Updating Your Information](#)

Figure 30

Enter your emergency contact's first name, middle name and last name into the appropriate name fields. The blue asterisk indicates that the field is required. The relationship field has a drop down list that you must select from. If you select (Adopted Child, Child, Foster Child, Recognized Natural Child or Step Child) you must enter their data of birth in the Additional Emergency Contact Information area at the bottom of the screen.

Emergency Contact : Add Cancel

Employee Name

Use this page to provide emergency contact information.

* Indicates required field

General Information

* First Name

Middle Name

* Last Name

* Relationship

Relationship Start Date

TIP Date of Birth is required for children. Enter the Date

Residence Address

TIP When clicking the box, "Use my address for this person", the address will not populate DD93 Form. NEVER input your Contact's address in full. Ensure you fill in the address fields.

☒ Use my address for this person.

Phone Numbers

Type	Number
Home	<input type="text"/>

Add Another Row

Additional Emergency Contact Information

Relationship dropdown list:

- Adopted Child
- Brother
- Child
- Contact
- Emergency Contact
- Father
- Foster Child
- Friend
- Mother
- Nephew
- Niece
- Parent
- Recognized Natural Child
- Sister
- Spouse
- Step Child

Figure 31

The Relationship Start Date will be automatically set to today's date.

The Primary Contact field should only be checked if you would like to designate that person as your primary contact. Note you can only designate one person as your primary contact.

General Information

* First Name

Middle Name

* Last Name

* Relationship

Relationship Start Date 31-Jan-2007

☐ Primary Contact

Figure 32

By checking the ☒ Use my address for this person, you have the option of using your home address information as the address for your emergency contact, example your spouse, child, etc.

Residence Address

☒ **TIP** When clicking the box, "Use my address for this person" employee's address of record will populate on the DD93 Form. Be advised if no address of record is on file, the address will not populate DD93 Form. NEW EMPLOYEES (on the rolls less than one month) - unclick the box "Use my address for this person" and input your Contact's address in full. Ensure you fill in the City, State and Zip Code fields.

☒ Use my address for this person.

Figure 33

Multiple phone numbers can be entered for each emergency contact. To select a phone types click the drop down arrow.

Phone Numbers

Type	Number	Delete
Home	111-3333	

Emergency Contact Information

is voluntary and will only be used upon implementation of the Federal Employee Health Benefits(FEHB) module.

Gender

Date of Birth

Figure 34

To add additional phone numbers click the button. Note, Home phone type can only be selected once. If you have additional home phone numbers use the Home Secondary and Home Tertiary phone types.

Phone Numbers

Type	Number	Delete
Home		

Figure 35

In the Additional Emergency Contact Information area, Gender and Date of Birth can be entered. Note these items are optional and may be used in the future for Health Benefits.

Additional Emergency Contact Information

☒ **TIP** This information is voluntary and will only be used upon implementation of the Federal Employee Health Benefits(FEHB) module.

Gender

Date of Birth

[Cancel](#) [Next](#)

Figure 36

When you have finished entering all of your information, click the [Next](#) button to continue. A Review page will appear so that you can ensure the information is correct before saving. Click the [Submit](#) button to save your information. Click the [Back](#) button to return to the previous screen to make any necessary corrections. To print this information click, the [Printable Page](#) button. To exit without saving your information click, the [Cancel](#) button.

Department of Defense [Home](#) [Logout](#) [Preferences](#)

Update My Information: Review [Cancel](#) [Printable Page](#) [Back](#) [Submit](#)

Employee Name

Review your information below and select the Submit button to apply your changes.

☒ Indicates Changed Items.

Maintain Contact

Contact	Proposed
Relationship Type	Child
First Name	Firstname
Middle Name	Middlename
Last Name	Lastname
Primary Contact	No
Date of Birth	14-Sep-1990
Relationship Began On	31-Jan-2007

Phone

Phone	Proposed
Home	111-3333

[Cancel](#) [Printable Page](#) [Back](#) [Submit](#)

Figure 37

A confirmation page will be displayed when your information has been saved. To return to the Emergency Contact page click, the [Return to Overview](#) button.

Department of Defense [Home](#) [Logout](#) [Preferences](#)

Confirmation

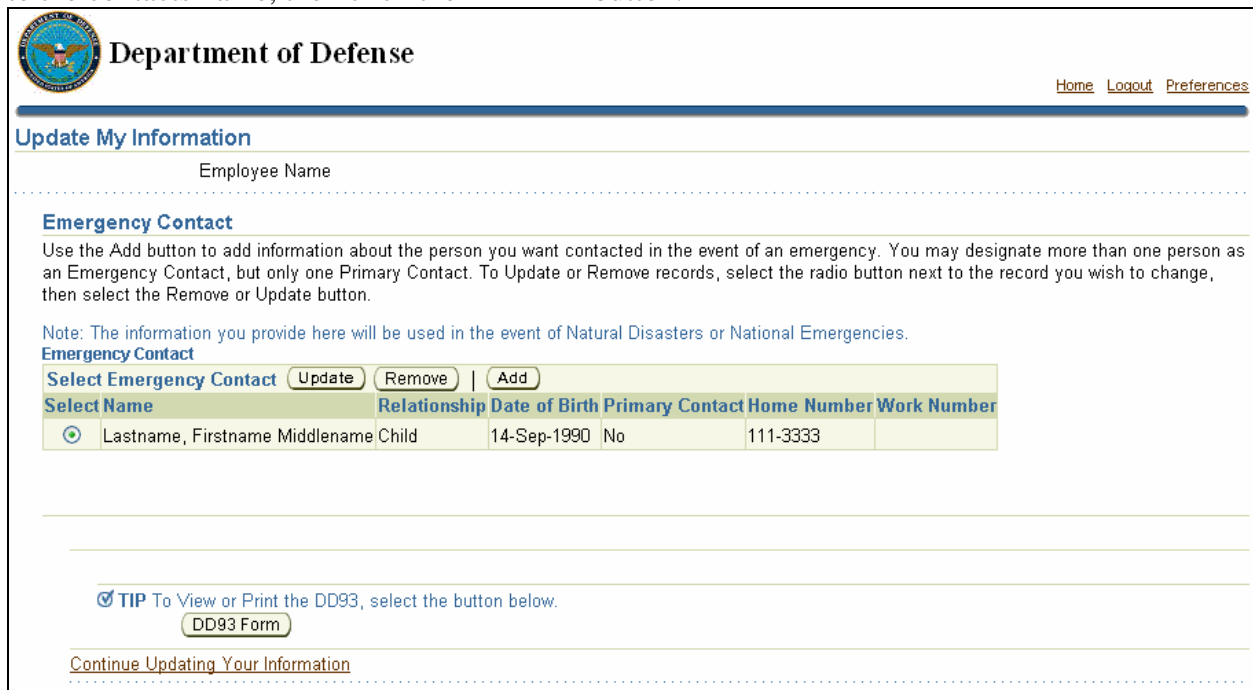
Your changes have been applied.

[Return to Overview](#)

Figure 38

Updating Emergency Contact Information

To update information on an existing emergency contact person, first click the radio button next to the contacts name, then click the **Update** button.



Department of Defense [Home](#) [Logout](#) [Preferences](#)

Update My Information

Employee Name

Emergency Contact

Use the Add button to add information about the person you want contacted in the event of an emergency. You may designate more than one person as an Emergency Contact, but only one Primary Contact. To Update or Remove records, select the radio button next to the record you wish to change, then select the Remove or Update button.

Note: The information you provide here will be used in the event of Natural Disasters or National Emergencies.

Emergency Contact

Select Emergency Contact **Update** **Remove** | **Add**

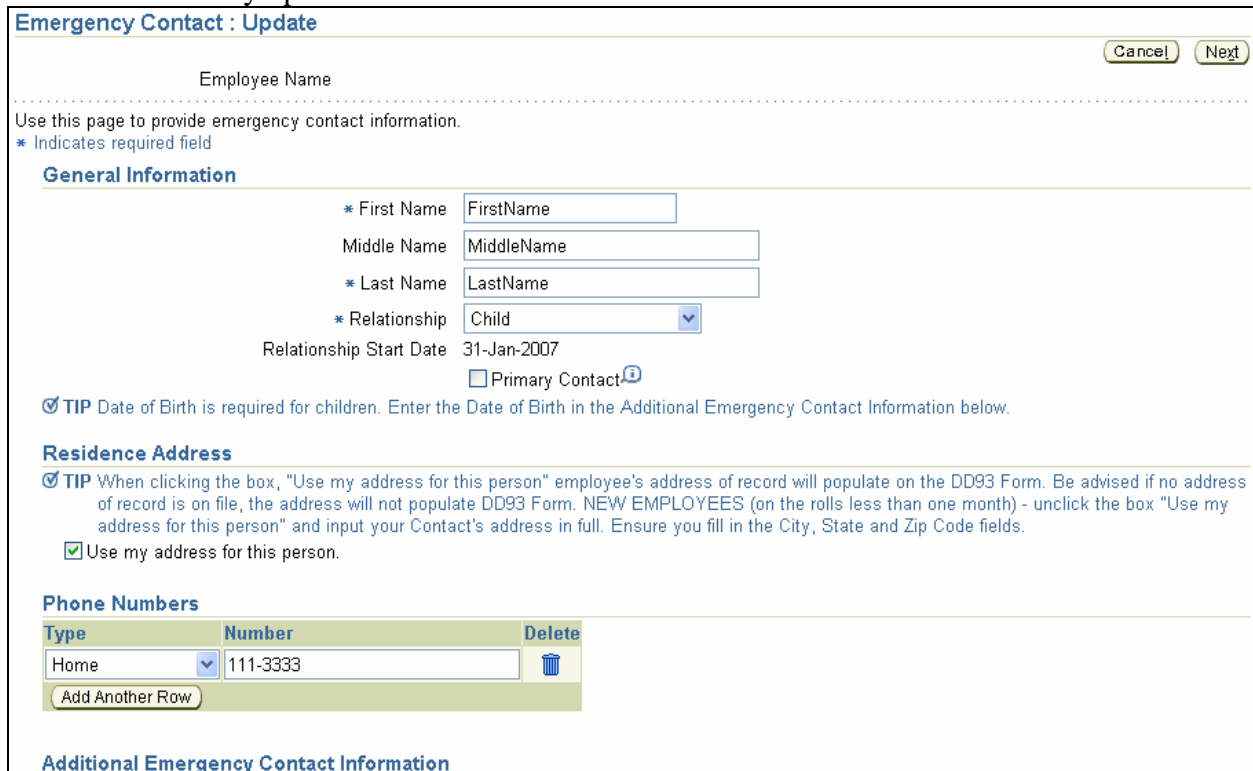
Select Name	Relationship	Date of Birth	Primary Contact	Home Number	Work Number
<input checked="" type="radio"/> Lastname, Firstname Middlename	Child	14-Sep-1990	No	111-3333	

☒ **TIP** To View or Print the DD93, select the button below.
[DD93 Form](#)

[Continue Updating Your Information](#)

Figure 39

Make the necessary updates and click the **Next** button.



Emergency Contact : Update [Cancel](#) [Next](#)

Employee Name

Use this page to provide emergency contact information.
 * Indicates required field

General Information

* First Name

Middle Name

* Last Name

* Relationship

Relationship Start Date 31-Jan-2007

☐ Primary Contact ¹

☒ **TIP** Date of Birth is required for children. Enter the Date of Birth in the Additional Emergency Contact Information below.

Residence Address

☒ **TIP** When clicking the box, "Use my address for this person" employee's address of record will populate on the DD93 Form. Be advised if no address of record is on file, the address will not populate DD93 Form. NEW EMPLOYEES (on the rolls less than one month) - unclick the box "Use my address for this person" and input your Contact's address in full. Ensure you fill in the City, State and Zip Code fields.

☒ Use my address for this person.

Phone Numbers

Type	Number	Delete
Home	111-3333	

[Add Another Row](#)

Additional Emergency Contact Information

Figure 40

A Review page will appear so that you can ensure the information is correct before saving. The items marked with a blue dot are the items that were changed. Click the **Submit** button to save your information. Click the **Back** button to return to the previous screen to make any necessary corrections. To print this information, click, the **Printable Page** button. To exit without saving your information click, the **Cancel** button.

Update My Information: Review

Employee Name

Review your information below and select the Submit button to apply your changes.

Indicates Changed Items.

Maintain Contact

Contact	Current	Proposed
Relationship Type	Child	Child
First Name	Firstname	FirstName
Middle Name	Middlename	MiddleName
Last Name	Lastname	LastName
Primary Contact	No	No
Date of Birth	14-Sep-1990	14-Sep-1990
Relationship Began On	31-Jan-2007	31-Jan-2007

Phone	Current	Proposed
Home	111-3333	111-3333

Figure 41

A confirmation page will be displayed when your information has been saved. To return to the Emergency Contact page click, the **Return to Overview** button.

Department of Defense

Home Logout Preferences

Confirmation

Your changes have been applied.

Return to Overview

Figure 42

A warning page will be displayed if you selected **Cancel**. If you want to cancel and exit, select the **Yes** button. If you want to return to the previous page select the **No** button.

Department of Defense

Home Logout Preferences

Warning

Do you want to cancel this action?

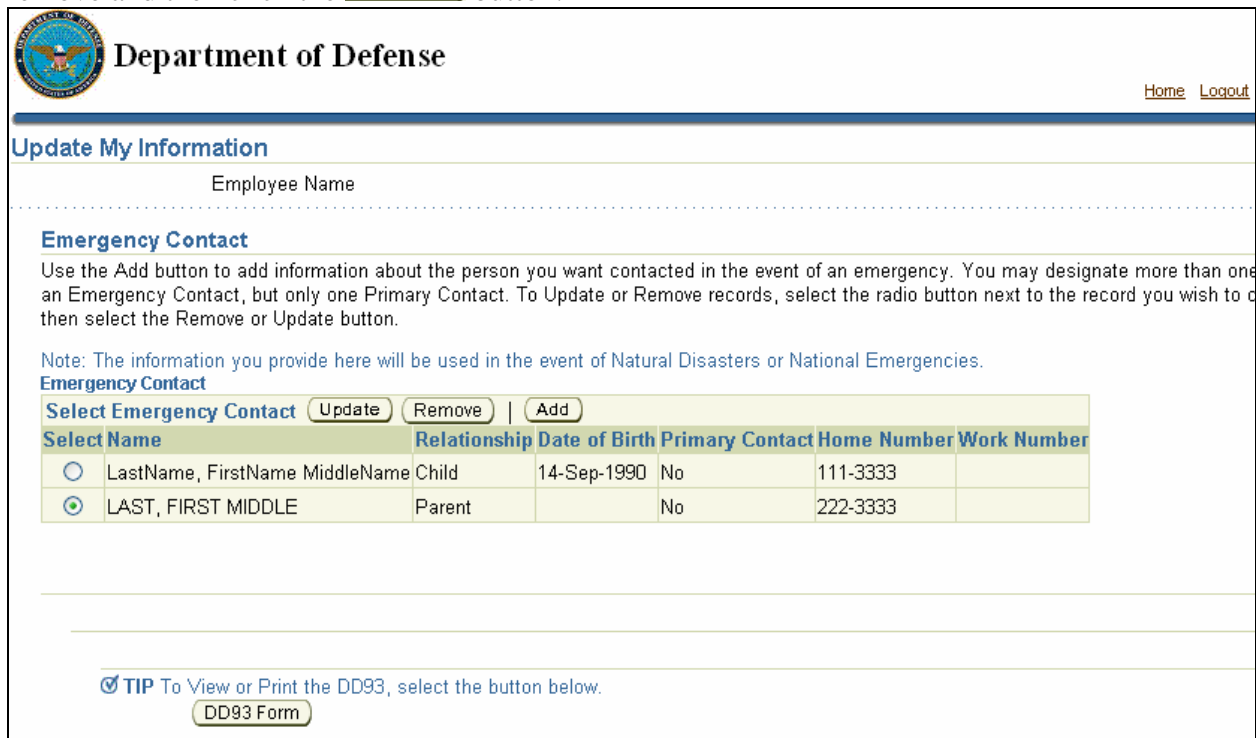
Your new action will be canceled.

No Yes

Figure 43

Removing Emergency Contact Information

To remove an emergency contact, first click the radio button next to the person you want to remove and then click the **Remove** button.



Department of Defense [Home](#) [Logout](#)

Update My Information

Employee Name

Emergency Contact

Use the Add button to add information about the person you want contacted in the event of an emergency. You may designate more than one an Emergency Contact, but only one Primary Contact. To Update or Remove records, select the radio button next to the record you wish to c then select the Remove or Update button.

Note: The information you provide here will be used in the event of Natural Disasters or National Emergencies.

Emergency Contact

Select Emergency Contact **Update** **Remove** | **Add**

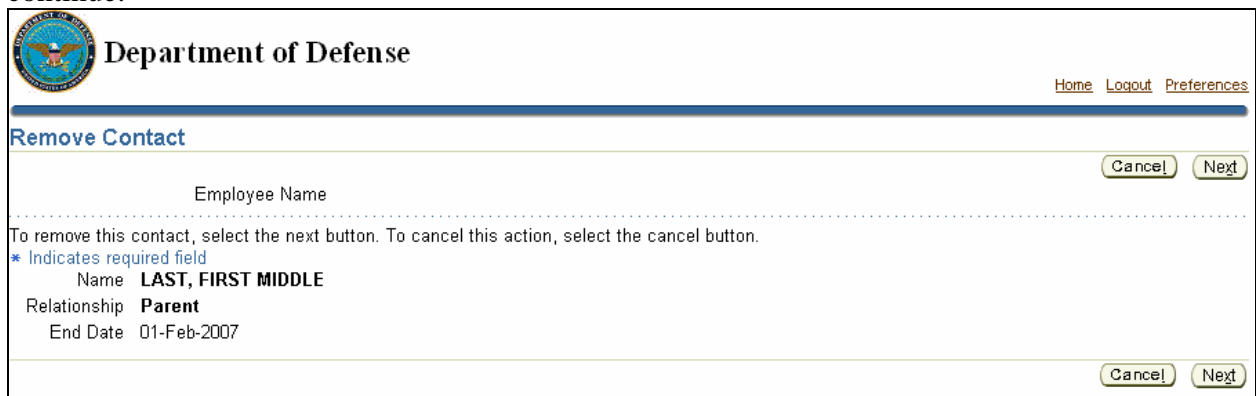
Select Name	Relationship	Date of Birth	Primary Contact	Home Number	Work Number
<input type="radio"/> LastName, FirstName MiddleName	Child	14-Sep-1990	No	111-3333	
<input checked="" type="radio"/> LAST, FIRST MIDDLE	Parent		No	222-3333	

TIP To View or Print the DD93, select the button below.

DD93 Form

Figure 44

Once you have verified that you selected the correct person to remove, click the **Next** button to continue.



Department of Defense [Home](#) [Logout](#) [Preferences](#)

Remove Contact

Employee Name **Cancel** **Next**

To remove this contact, select the next button. To cancel this action, select the cancel button.

* Indicates required field

Name **LAST, FIRST MIDDLE**


Relationship **Parent**

End Date 01-Feb-2007

Cancel **Next**

Figure 45

Click the **Submit** button to remove and save your change. Click the **Back** button to return to the previous screen to make any necessary corrections. To print this information click, the **Printable Page** button. To exit without removing your contact person, click the **Cancel** button.



Department of Defense

[Home](#) [Logout](#) [Preferences](#)

Update My Information: Review

[Cancel](#) [Printable Page](#) [Back](#) [Submit](#)

Employee Name

Review your information below and select the Submit button to apply your changes.
☒ Indicates Changed Items.


Remove Contact

	Removed
Contact Name	LAST, FIRST MIDDLE
Contact Type	Emergency
Relationship	Parent
End Date	01-Feb-2007

[Cancel](#) [Printable Page](#) [Back](#) [Submit](#)

Figure 46

A confirmation page will be displayed when your information has been removed. To return to the Emergency Contact page click, the [Return to Overview](#) button.



Department of Defense

[Home](#) [Logout](#) [Preferences](#)


Confirmation

Your changes have been applied.

[Return to Overview](#)

Figure 47

A warning page will be displayed if you selected [Cancel](#). If you want to cancel and exit, select the [Yes](#) button. If you want to return to the previous page select the [No](#) button.



Department of Defense

[Home](#) [Logout](#) [Preferences](#)

Warning

Do you want to cancel this action?

Your new action will be canceled.

[No](#) [Yes](#)

Figure 48

Printing DD Form 93

To print the DD Form 93, click the **DD93 Form** button.

Department of Defense

[Home](#) [Logout](#) [Preferences](#)

Update My Information

Employee Name

Emergency Contact

Use the Add button to add information about the person you want contacted in the event of an emergency. You may designate more than one person as an Emergency Contact, but only one Primary Contact. To Update or Remove records, select the radio button next to the record you wish to change, then select the Remove or Update button.

Note: The information you provide here will be used in the event of Natural Disasters or National Emergencies.

Emergency Contact

Select Emergency Contact

Select Name	Relationship	Date of Birth	Primary Contact	Home Number	Work Number
<input checked="" type="radio"/> LastName, FirstName MiddleName	Child	14-Sep-1990	No	111-3333	

☒ **TIP** To View or Print the DD93, select the button below.

[Continue Updating Your Information](#)

Figure 49

The DD Form 93 can either be saved to your PC or can be opened and printed. To open the DD93 click the **Open** button.

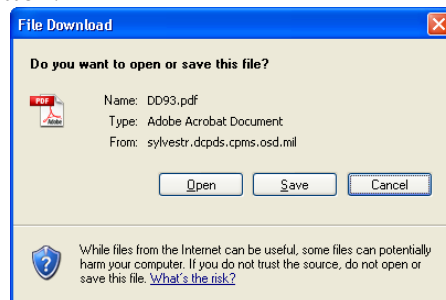


Figure 50

DD Form 93



To print the DD Form 93 click on the printer icon or select file, print.

RECORD OF EMERGENCY DATA				
<p align="center">PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 10 USC 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397, November 1943 (SSN).</p> <p>PRINCIPAL PURPOSES: This form is used to designate beneficiaries for certain benefits in the event of the servicemember's death. It is a guide for the disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the servicemember desires to be notified in case of emergency or death. The purpose of soliciting the SSN is to provide positive identification.</p> <p>ROUTINE USES: None.</p> <p>DISCLOSURE: Voluntary; however, failure to provide personal identifier information may delay notification of the servicemember's status or may handicap processing of benefits to designated beneficiaries.</p>				
<p align="center">INSTRUCTIONS TO SERVICEMEMBER</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in Item 11, "Allotment if Missing" (if used by your Service), please read the following</p> </div> <div style="width: 50%;"> <p>statement carefully, and sign on the line provided:</p> <p>I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.</p> <p align="right">_____ (Signature of Servicemember)</p> </div> </div>				
1. NAME (Last, First, Middle) Employee's name	2a. SSN social security	b. INITIAL (To indicate valid SSN)	3a. SERVICE Civ	b. REPORTING UNIT CODE DUTY STATION NAVY
4a. SPOUSE NAME	b. ADDRESS (Include ZIP Code)			
5. CHILDREN a. NAME	b. RELATIONSHIP	c. DATE OF BIRTH (YYYYMMDD)	d. ADDRESS (Include ZIP Code)	
FirstName M. LastName	Child	19900914	5088 Jeff Ryan Dr, Herndon VA 20170-3626	
6a. FATHER NAME	b. ADDRESS (Include ZIP Code)			
7a. MOTHER NAME	b. ADDRESS (Include ZIP Code)			
8a. DO NOT NOTIFY DUE TO ILL HEALTH	b. NOTIFY INSTEAD			
9a. BENEFICIARY(IES) FOR DEATH GRATUITY (If no surviving spouse or child)	b. ADDRESS (Include ZIP Code)		c. PERCENTAGE	
10a. BENEFICIARY(IES) FOR UNPAID PAY/ ALLOWANCES	b. ADDRESS (Include ZIP Code)		c. PERCENTAGE	
11. ALLOTMENT DESIGNEE/PERCENTAGE IF MISSING (Subject to Secretarial determination)				
12. INSURANCE (SGLI and other Insurance Companies/Policy Numbers)	a. SGLI (Optional Service Use) <input type="checkbox"/> MAXIMUM <input type="checkbox"/> NO OTHER (Amount) _____		b. INSURANCE COMPANIES/POLICY NUMBERS	
13. CONTINUATION/REMARKS				
14. SIGNATURE OF SERVICEMEMBER (Include rank, rate, or grade) Electronically Signed Doe, Jane,		15. SIGNATURE OF WITNESS (Include rank, rate, or grade)		16. DATE SIGNED (YYYYMMDD) 20070201

DD FORM 93, AUG 1998

PREVIOUS EDITION MAY BE USED

USAPPC V1.00

Figure 51